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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 07/05/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery And Spine Surgery

Description of the service or services in dispute:

Bilateral L3, L4, L5 screw heads hardware block

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☑ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who reported an injury on XX/XX/XX. The patient was injured while XX. His diagnoses were chronic low back pain, failed back syndrome, and lumbar spinal stenosis. The patient underwent an L3-5 decompression with interbody fusion in XXXX, a lumbar discectomy and fusion in XXXX, and a placement of a spinal cord stimulator on XX/XX/XX. During the assessment on X/X/XX, the patient complained of chronic low back pain. The patient reported that his pain had gotten worse on the right over the past several months. The office note dated X/XX/XX indicated that the patient had undergone a right L3, L4, and L5 hardware block on X/X/XX, which provided 100% pain relief for 2 weeks. The patient reported that his pain had returned with the same intensity. He described the pain as sharp and worse with movement. He complained of having difficulty sitting for the bathroom or urination. The patient reported taking more pills and having difficulty moving. The patient reported that his pain now radiated down both buttocks. He reported no new numbness, weakness, or tingling. On physical examination, the paravertebral muscles were tender on the right. Lumbar range of motion was painful and restricted. Range of motion testing revealed flexion at 50% of normal, extension at 50% of normal, rotation to the right and left at 50% of normal, and lateral bending to the right and left at 50% of normal due to pain. The straight leg raises were normal bilaterally with no issues. The patient reported that he had his spinal cord stimulator set at the highest setting. It was noted that the patient was currently being managed conservatively with pain medications. The CT scan of the lumbar spine performed on X/XX/XX revealed postoperative changes status post prior posterior decompression and fusion from the L3 to L5 levels with intact appearance of hardware. There was no surrounding radiolucency about the hardware.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The decision to deny the bilateral L3, L4, and L5 screw heads hardware block should be upheld.

The hardware injection block is recommended only for diagnostic evaluation of failed back surgery

syndrome. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware. The surgeon may decide to remove the patient's hardware.

The records indicate that the patient underwent a right L3, L4, and L5 hardware block on X/X/XX, which provided 100% pain relief for 2 weeks. The patient was evaluated on X/XX/XX and reported that the pain had returned with the same intensity. The patient reported sharp pain, worse with movement. The patient reported taking more pills, setting his spinal cord stimulator at the highest setting, and decreased range of motion. The rationale for requesting a repeat lumbar hardware injection when the prior injection did not provide any objective functional improvement or an objective decrease in pain for a substantial amount of time, was not provided. There was no documentation of a significant change in the patient's symptoms to warrant a repeat injection. There was no indication that the pain in the lumbar spine was caused by the hardware. There was no surrounding radiolucency or signs of infection found on imaging studies.

Therefore, the decision to deny the bilateral L3, L4, and L5 screw heads hardware block should be upheld as the procedure is not medically necessary for this patient.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)